

Written Testimony re: SB 174
Senate Public Health and Welfare Committee
February 18, 2021

Chairman Hildebrand and members of Senate Public Health and Welfare Committee,

I urge you to support SB 174. My name is Marilyn Douglass and I am a family nurse practitioner of 25 years from Southwest Kansas.

Improving the health status of Kansans requires multiple approaches, one of those being improving access and increasing participation in primary care services. The goal of this legislation is to increase access to effective primary care in Kansas by increasing the of APRNs in Kansas and improving the practice environment.

- 83% of Kansas counties are designated health professional shortage areas.
- 97% of Kansas counties are mental health professional shortage areas.
- SB 174 removes the statute barriers/ restrictions so that APRNs can easily provide primary care and mental health care in Kansas.
- Kansas will become an attractive state for APRNs to work.

APRNs provide safe and effective health care.

- >200 studies that validate quality care with lower cost.
- 23 states already have passed this legislation.
- APRNs with full practice authority are already in practice in Kansas- In the VA system, Indian Health Service, and military agencies, over 20 clinics and 5 hospitals across the state.
- The bill also requires APRNs to maintain national certification for licensure.
- APRNs will be required to carry liability insurance and join the Kansas Health Care Stabilization Fund.

I know you have heard opinion, professional positions, statistics and what I think are the best reasons for supporting this legislation. I have one personal story, the reason this legislation is so important to me.

I was named in a malpractice suit that involved a 34 y/o patient who presented to the urgent care clinic with c/o of chest pain, epigastric pains. The exam involved a rectal exam to collect stool sample for occult blood, which was positive. I diagnosed him with gastritis, gave him samples of acid reducer, instructed him to see his provider in 2 weeks. I called him the following 2 days, he reported he was improved, taking the medication. The patient did not f/u as instructed. 3 years later he was diagnosed with a colon cancer. Before he died, he sued me and my responsible physician. Because of the collaborative practice agreement signed by my responsible physician, he was sued by someone he had never seen. The proceedings lasted 3 years and involved chart reviews, producing documents including the physician-signed agreement, depositions, and expert testimony. I knew I was not negligent, but I felt damaged. I was embarrassed that the physician was named in the suit and incurred expense because of my decisions and care. I accept total responsibility for my decisions and hated that someone else went through that ordeal because of the "vicarious liability" he assumed by signing the collaborative

agreement. He grew to be bitter and hateful and eventually stopped practicing medicine. The suit was dropped by the plaintiff's family, but it was 3 years of angst, worry and torment. I vowed to work hard to fix the practice environment so that no other APRN would endure the pain and torment of vicarious liability. Each APRN practices and owns the liability, it is not to be shared with a responsible physician. We are responsible for our decisions and any consequences associated with the decisions.

Let me be clear that this bill removes the physician-signed collaborative practice agreement, but it does not remove our responsibility to collaborate, consult and refer. That remains an integral component of team-based care. Those features of APRN practice are stated in the statute definition of the practice of professional nursing as an APRN.

My last point- do not support an amendment to place APRNs under the Board of Healing Arts. The Board of Nursing is the appropriate regulatory body for all of nursing especially advanced practice nursing. The Board of Healing Arts is not equipped to regulate nursing, as evidenced by the CNM law passed in 2016, that created unnecessary overregulation of a nurse midwife in a normal delivery with double licensure and double board regulation. If APRNs are placed under BOHA regulation, APRN input will be reduced to one microscopic voice of a 16-member board where physician overregulation risks unfair advantage in the health market. (Per opinion from Federal Trade Commission of Kansas APRN bill Jan. 2020) Remember our goal is to increase providers in Kansas by improving the practice environment for APRNs, making Kansas an attractive state to practice. Substituting BOHA regulation for removing the physician-signed agreement requirement gains nothing, Kansas remains a desert for primary care access.

Do not give in to physician pressure and rhetoric. Vote to improve primary care access in Kansas, and let me remind you, at no additional cost to the state. Support SB 174 and do not support an amendment to place APRNs under the Board of Healing Arts.

Thank you for your attention and your public service. Please extend my appreciation to your families who support you and allow you to serve.

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